



Department of Health and Human Services  
 Licensing and Regulatory Services – CNA Registry  
 41 Anthony Avenue  
 # 11 State House Station  
 Augusta, Maine 04333  
 Tel: (207) 624-7300; Toll Free: 1-800-791-4080  
 Fax: (207) 287-9325; TTY: 1-800-606-0215

CNA Website: <http://www.maine.gov/dhhs/dlrs/cna/home.html>  
 CNA Web-portal: <https://gateway.maine.gov/cnaregistry/>

## Maine Registry of Certified Nursing Assistants (CNA)

### Application for CNA Trained in Maine

**Please check one:**

- ( ) New Application  
 ( ) Student Nurse: Location \_\_\_\_\_  
 ( ) Competency Testing

Print in **blue or black ink**, or type all information. Only applications completed in ink will be accepted.  
**ALL** information must be completed or the application form will be returned to the applicant.

**SOCIAL SECURITY:** --

**DATE OF BIRTH:** //

**FIRST NAME:**

**MIDDLE NAME:**

**PREVIOUS NAMES:**

**LAST NAME:**

**MAILING ADDRESS:**  (Street/P.O. Box)  
 (City/Town)  
 (State)  
- (Zip Code) + 4-digit extension [if known]

**TELEPHONE NO:** () -

**Applicant must attach the following to the application:**

1. **COPY (no originals please)** of the applicant's CNA training certificate.
2. **COPY (no originals please)** of the applicant's Social Security Card.

3. **COPY (no originals please)** of the applicant's current driver's license (or official government I.D.) containing a photograph and signature. (A valid passport is also acceptable). (A student I.D. is NOT acceptable.)
4. **Letters from employers (if applicable):** Place(s) and date(s) of employment as a CNA within the last twenty-four (24) months (***Officially documented by the employer in a letter to the Registry***).
5. **COPY (no originals please)** of the criminal background report done at the time of your CNA training course. (Only necessary to submit this with your *first* Registry application following completion of the course.) **Please note: the criminal background check must include a report on all names the applicant has held as an adult.**

**Please answer the following questions:**

**\* If you answer "Yes" to questions #1 or #2 below, you must attach an explanatory letter that includes the location and date of each occurrence.**

**\*\* If you answer "Yes" to questions #3, #4, #5, #6, or #7 below, please attach court documents pertaining to each conviction.**

1. Have you ***ever*** been denied a CNA certificate or license? Yes ☐ No ☐
2. Have you ***ever*** had any disciplinary action (probation, suspension, revocation or reprimand) taken against your CNA certificate or license? Yes ☐ No ☐
3. Have you ***ever*** been convicted of ***any*** crime under the laws of Maine? Yes ☐ No ☐
4. Have you ***ever*** been convicted of ***any*** crime under the laws of ***any*** other State? Yes ☐ No ☐
5. Have you ***ever*** been convicted of ***any*** crime under the Federal laws of the United States? Yes ☐ No ☐
6. Have you ***ever*** been convicted of ***any*** crime under the laws of any other country? Yes ☐ No ☐
7. Have you ***ever*** been convicted of ***any*** crime that took place in ***any*** health care setting in the State of Maine, or any other State? Yes ☐ No ☐

**The Maine Registry of Certified Nursing Assistants (the “Registry”) shall deny any applicant, or a CNA, placement or continued listing on the Registry if an application contains known misrepresentations, or represents in any way an attempt by the applicant, or CNA, to obtain placement or continued listing on the Registry by deceitful or fraudulent means.**

I believe that all of my answers to the above questions are true and correct. I understand that the staff of the Registry will verify the information on this application for its truthfulness and that knowingly making a false statement on this application may subject me to prosecution under applicable Maine law.

**X**\_\_\_\_\_

*Applicant's Complete Signature*

**X**\_\_\_\_\_

*Date of Application*

**Please send completed application, with required documentation, to:**

Maine Registry of Certified Nursing Assistants  
Division of Licensing and Regulatory Services  
11 State House Station – 41 Anthony Avenue  
Augusta, Maine 04333-0011

Please ***attach*** a copy of an  
**official government  
photo I.D.**  
(including signature)

**HERE**

*(Student I.D. not acceptable)*

Please ***attach*** a copy  
of your  
**Social Security Card**

**HERE**

For Office Use Only

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_